

Application Data Sheet**Application Information**

Application number:: 09/743,338
Filing Date:: 01/04/01
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??:: No
Number of CD disks::
Number of copies of CDs::
Sequence Submission:: No
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title:: MULTIVALENT HUMAN-BOVINE ROTAVIRUS
VACCINE
Attorney Docket Number:: 015280-341100US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Albert
Middle Name:: Z.
Family Name:: Kapikian
Name Suffix::
City of Residence:: Rockville
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 11201 Marcliff Road
City of Mailing Address:: Rockville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20892

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: M.
Family Name:: Chanock
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 7001 Longwood Drive
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD

Country of mailing address:: US
Postal or Zip Code of mailing address:: 20817

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JP
Status:: Full Capacity
Given Name:: Yasutaka
Middle Name::
Family Name:: Hoshino
Name Suffix::
City of Residence:: Wheaton
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 2111 Cambridge Park Court
City of Mailing Address:: Wheaton
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20902

Correspondence Information

Correspondence Customer Number:: 45115

Representative Information

Representative Customer Number:: 45115

Domestic Priority Information

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|------------------|-------------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | National Stage of | PCT/US99/17036 | 07/27/99 |
| PCT/US99/17036 | An appn. claiming | 60/094,425 | 07/28/98 |
| | benefit under 35 U.S.C. | | |
| | 119(e) | | |

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: The Government of the United States of America
as represented by the Department of Health and
Human Services, National Institutes of Health,
Office of Technology Transfer
Street of mailing address:: 6011 Executive Blvd., Suite 325
City of mailing address:: Rockville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20852-3804